



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

SCHOLARSHIP/BURSARY APPLICATION FORM

American Foundation for The University of the West Indies (AFUWI)
2022/2023 Scholarship

DEADLINE AUGUST 25, 2022

Please complete legibly and in duplicate. Only registered FULL-TIME students
OR students going into FULL-TIME study will be considered for a Scholarship/Bursary.

NB: IF YOU ARE THE HOLDER OF A RENEWABLE/CONTINUING AWARD, YOU ARE NOT REQUIRED TO SUBMIT ANOTHER APPLICATION.

Section 1

STUDENT ID NO.: _____

SURNAME: _____

OTHER NAMES: _____

PRESENT FACULTY/CAMPUS & DEGREE PROGRAMME:
(Please indicate Minor if any)

PROCEEDING TO: ☐ YEAR I ☐ YEAR II ☐ YEAR III ☐ YEAR IV ☐ YEAR V

PERMANENT ADDRESS: _____

MAILING ADDRESS: _____

HOME/PERMANENT PHONE: _____

ARE YOU A STAFF DEPENDENT: YES ☐ NO ☐

CELL PHONE NO.: Area Code: (____) (____) (____)

DISABILITY: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

NATIONALITY: _____ MARITAL STATUS: _____ SEX: MALE ☐ FEMALE ☐

CURRENT AWARD (IF ANY): _____ ANNUAL VALUE OF AWARD (IF APPLICABLE): _____

OTHER FINANCIAL ASSISTANCE – LOAN _____ GRANT _____
\$AMOUNT \$AMOUNT

Section 2

EXTRA-CURRICULAR STATEMENT

Please indicate the areas in which you have contributed to Extra-Curricular activities during the academic year, on or off campus.

For activities on Campus, the Dean of your Faculty OR the Director, Student Services (DSSD), must confirm the information provided.

For off-Campus activities, a letter of support written by the President, Chairman or Secretary of the Regional, National or Community organization which states clearly: -

1. The nature of the organization
2. The length and nature of the applicant's involvement

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Dean of Faculty _____

Date_____

Signature of Director, DSSD _____

Date_____

Section 2a**WORK EXPERIENCE**

Name of Organisation	Position Held	From	To	Salary /month
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	
		dd / mm / yyyy	dd / mm / yyyy	

Section 2b**CAREER OBJECTIVE**

State your career goals, and the contribution you think you will be able to make towards the development of your country:

Section 3

This Section to be completed ONLY by A' LEVEL/CAPE applicants entering UWI at the beginning of the Academic Year.

Academic Qualifications

Examining Body Cambridge/London/ CXC etc.	SUBJECTS TAKEN	ADVANCED LEVEL [✓]	CAPE [✓]	YEAR	GRADE

Sections 4 & 5

These Sections must be completed **ONLY** by students applying for a Bursary/Scholarship
WITH A FINANCIAL NEED ELEMENT

Section 4 – Household Information

	Household of Parent(s)/Guardian	Household of Student/Spouse
1. Number of persons in household:		
2. Number and ages of dependent children:		
3. Number of these persons in University:	No Parent []	Student []
	One Parent []	Spouse []
	Both Parents []	
	Others []	Others []
4. Parent(s)/Guardian's current marital status:	Single []	
	Married []	
	Separated []	
	Divorced []	
	Widowed []	
5. Is either Parent/Guardian, Spouse:	Mother []	Spouse []
[a] Retired?	Father []	
[b] Employed?	Mother []	Spouse []
	Father []	
[c] Unemployed?	Mother []	Spouse []
	Father []	
[d] Handicapped?	Mother []	Spouse []
	Father []	
[e] Deceased?	Mother []	Spouse []
	Father []	
[f] Living Abroad?	Mother []	Spouse []
	Father []	
6. Occupation:	Mother _____	Student _____
	Father _____	Spouse _____

Applicants may state below any other information as evidence of Financial Need

Your application for a financial need Bursary **WILL NOT BE CONSIDERED** unless it is accompanied by the following documents:

- (1) Authorized job letter of person(s) supporting applicant OR
Pension letter (from whom the Pension is paid) OR
A letter from the provider of one's Financial Assistance.**
- (2) Notarized statement of income and expenses {one copy only}
(Certified by a Commissioner of Affidavits/Notary Public)**

Additional Comments to support application for Bursary based wholly or partially on FINANCIAL NEED

[illegible]

Section 5**PROJECTED INCOME AND EXPENSES FOR ACADEMIC YEAR OF AWARD**

(APPLICANTS ARE REQUIRED TO SUBMIT AN AUTHORIZED JOB LETTER AND
A NOTARIZED STATEMENT OF INCOME AND EXPENSES)

(Please complete the relevant column)

		Parent(s)/Guardian \$		Applicant/Spouse \$
1. Family Income for the YEAR :	Mother		Student	
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
2. Expenses for the YEAR :	MORTGAGE			
	RENT - (HOME)			
	RENT - (STUDENT)			
	TUITION FEE: (APPLICANT)			
	TELEPHONE			
	ELECTRICITY			
	WATER			
	GROCERIES (Home)			
	MARKET (Home)			
	GROCERIES (Applicant)			
	MARKET (Applicant)			
	TRAVELLING – (Applicant)			
	BOOKS (Applicant)			
	TOTAL			

I certify that the information provided in this Application for a Scholarship/Bursary is true and correct.

Signature of Applicant	Date

Financial Advisory Services Dept
DSSD
UWI – St. Augustine
2022-Jul-28